



Utah State Hospital

**Pre-doctoral Internship Program in Clinical
Psychology – *APA Approved Internship Site*
2006 - 2007**

Provo, Utah

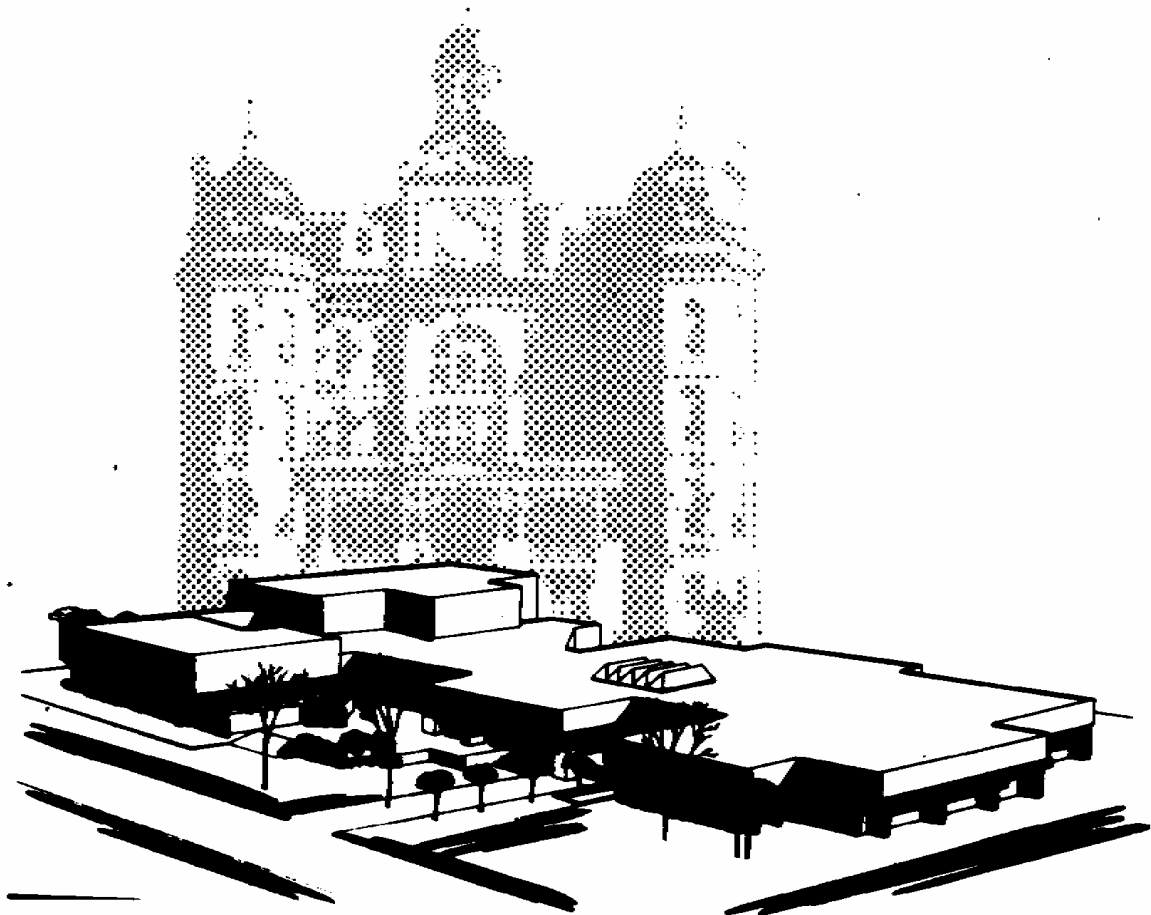


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It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act.

The Utah State Hospital

Location

Located in *Provo, Utah*, the UTAH STATE HOSPITAL is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750-foot *Mount Timpanogos* and is bounded on the west by the freshwater *Utah Lake*. The Hospital campus is a focal point of *Provo*, a city of 110,000 and Utah County, with 333,000 residents. *Provo, Utah* was ranked by **Money Magazine** in 1991 as the best place to live in the U.S. This rating was based on a consideration of health facilities, crime rate, the local economy, housing, education, transportation, weather, leisure, and the arts in the Provo area. Provo has continued to place in Money Magazines top 30 most livable cities in the U.S. Nearby colleges include the *University of Utah, Brigham Young University, Utah State University and Utah Valley State College*.

Surrounding Provo to the north, south and east are spectacular scenic areas, including five national parks. Forty-five miles to the north is Salt Lake City, with a metropolitan area of about one million residents. Despite the urban and suburban quality of Salt Lake and Utah Counties, the mountains immediately adjoining both counties include four wilderness areas. Outdoor recreation, including hiking, snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing are available within a 5 to 30 minute drive from USH. The world renowned Sundance Resort that hosts Robert Redford's annual film festival, outdoor theater and ski resort is within a 15 minute drive from the hospital. Many other recreational and cultural activities can be found in Provo, Utah County, and in the Salt Lake City area including theater, symphony, ballet, opera and professional sports.

The Historic Hospital

The Utah State Hospital has a long and stable history of providing treatment to the chronically mentally ill. It began as the *Territorial Insane Asylum* in 1885 at Provo, which at that time was a day's travel from Salt Lake City. The site was some eight blocks from the nearest residence in Provo, and was separated from the city by swampland and the city dump. The message this conveys about the then-prevailing attitudes regarding mental illness is unmistakable.

The original purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. However, in spite of the best efforts on the part of the overworked staff, in its early days the facility was little more than a human warehouse. By 1955, the population at the hospital was over 1,500 patients.

The intervening years, however, have brought many changes. The swamp has been drained, the dump has been converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation line where the "Asylum" begins.

Over the years, tremendous advances in psychiatric medicine have changed the role

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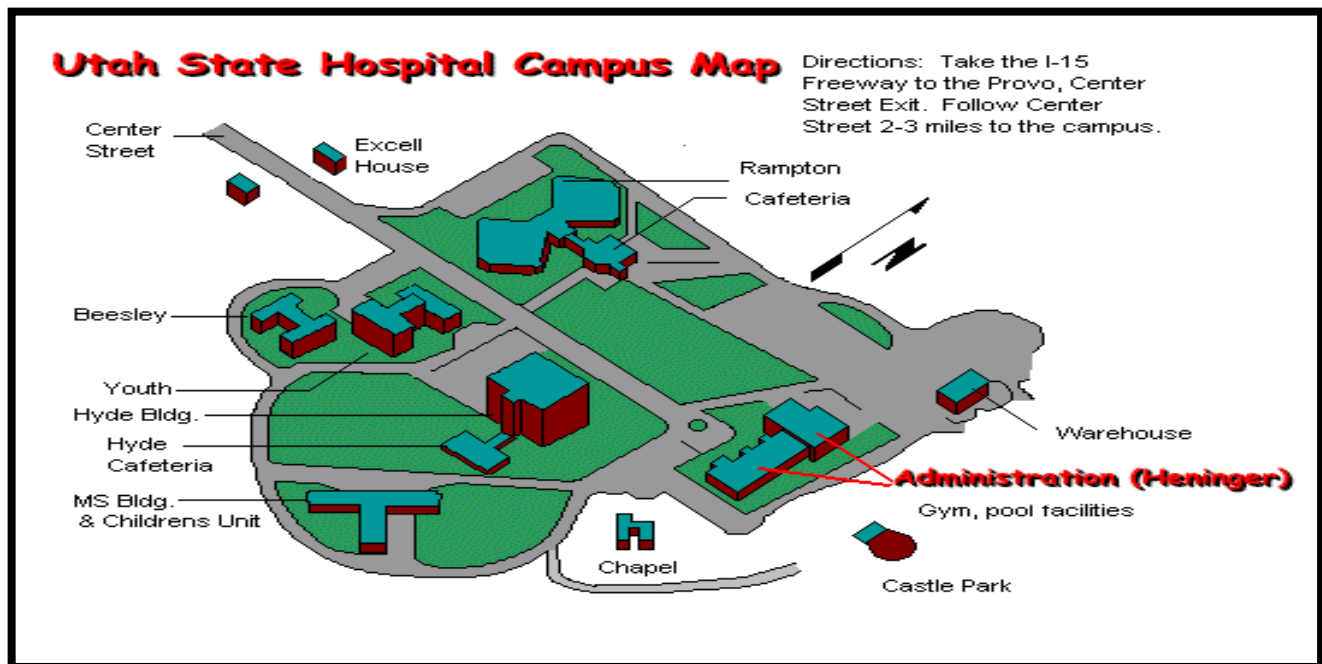
of the hospital to one of very active treatment and rehabilitation. Today, it is a thriving teaching facility, and is the only hospital in the state of Utah that provides long-term treatment and care for the *severely and persistently mentally ill* (SPMI). More effective treatments, rehabilitation and the movement toward deinstitutionalization and use of community mental health centers have decreased the size of the USH patient population to its present size.

The Modern Hospital

Today the Utah State Hospital (USH) is a residential psychiatric facility, licensed to provide psychiatric treatment services for approximately 300 patients, most of whom experience severe and persistent mental illness. The Hospital serves all age groups from all geographic areas of the state. The Hospital receives adult patients from 10 community mental health centers, as part of their continuum of care, and from the Utah criminal justice system. Children and youth are referred by additional sources. Adult and pediatric beds are allocated to the mental health centers based on population.

The present facility consists of 20 buildings with approximately 370,000 square feet of space, spread over a 300-acre campus. Patients and the facilities are cared for by approximately 700 staff members. Indoor recreational facilities, including a gymnasium, a swimming pool and a work-out room, and three cafeterias are available to staff.

The Utah State Hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations. This accreditation means that the Hospital has achieved national standards in the delivery of mental health care services. This voluntary evaluation is conducted every three years and represents a commitment from the staff of Utah State Hospital to the citizens of Utah: an on-going promise that quality health care for the mentally ill of Utah is provided.



The Internship Program in Clinical Psychology

MISSION

The mission of the Psychology Service is to deliver excellent inpatient psychiatric care to those who suffer severe and persistent mental illness. Furthermore, the Department strives to provide quality training to pre-doctoral psychology interns as they further integrate into the practice of psychology.

TRAINING PHILOSOPHY

The Internship Program in Clinical Psychology training philosophy is based on the integration of experiential, theoretical, and empirical knowledge. The Internship Program in Clinical Psychology provides a venue in which clinical experience, didactic training, and ongoing research components integrate to produce state-of-the-art, individualized, and sensitive patient care. Training procedures emphasize mentoring, graduated responsibility, in the context of participation in evaluation, treatment delivery, and outcome assessment.

The program provides sequential training in a format of major and minor rotations. Major rotations include: Adult Clinical Psychology, Forensic Psychology, and Neuropsychology. Minor rotations include: Group psychotherapy, Pediatric Psychology, Acute/Triage Services, and Geriatrics. Objectives include:

- acquire experience and knowledge of psychology as a theoretical, empirical, and applied discipline;
- develop an awareness of cultural and individual diversity issues relevant to clinical practice;
- learn to think and act in a manner consistent with ethical practice and professional integrity;
- become socialized in the role of the psychologist and develop an independent professional identity;
- design/assist in implementing small, or large, scale research to answer clinical questions pertaining to groups or individuals.

Training Model and Goals

The Internship Program in Clinical Psychology is a formal training program whose intent is to prepare students who wish to go on to Postdoctoral Fellowships in the Specialty areas of Neuropsychology, Forensic Psychology, and Clinical Psychology. The primary method of training is experiential. Interns are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the intern's demonstrated comfort and competency. The internship is deliberately structured to provide supervised exposure to working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems, representing a wide variety of severity. Major rotations are 6 months in duration, while minor rotations may occur 1 – 2 days per week for up to 6 months. The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The intern is expected to translate graduate training into “real world” clinical performance. This philosophy emphasizes the acquisition of a

professional skill, and responsibility, level above that of a technician. Thus, as interns progress through the training program they are expected to acquire a breadth and depth of knowledge, as well as, a degree of clinical independence that is consistent with the hospital's mission of provide excellent inpatient psychiatric care.

The Program Structure

The Internship Program in Clinical Psychology accepts interns from clinical and counseling psychology training programs. Prospective applicants should have completed all requirements for the doctoral degree, except dissertation and internship, prior to the beginning of the internship year (July 1), including a minimum of 1000 hours of adequate and appropriate supervised clinical practicum training.

The Training Calendar is divided into two 6-month training periods. These may be altered according to individual needs. Decisions regarding appropriate rotations are made by the intern and the primary supervisor, in consultation with the Director of Training, during the first week of the internship. This process provides the opportunity for two major and two minor rotations during the internship year. Major rotations will include areas of emphasis defined by the intern's interest and professional goals. Minor rotations are offered, and may be required, to allow the intern to gain a greater breadth of clinical experience, while preserving the focus afforded by the major rotation. As a guideline, major rotations are expected to occupy about 70% of the intern's clinical time, while minor rotation occupy approximately 30% of the intern's clinical time. In addition, there are some clinical duties that will supersede the boundaries of a rotation, such as an individual or group psychotherapy experience. This allows for following therapy cases throughout the entire internship year and provides a valuable training experience, as well as a significant benefit for patients.

Graduated and Sequential Nature of Training

Throughout the year, intern responsibilities follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, interns spend significant time shadowing supervisors, observing experienced staff members, and attending training and case presentation sessions designed to prepare them for service delivery to the challenging inpatient population. These activities evolve into clinical experiences in which the intern assists the supervisor or works under supervisory observation. Later, interns perform assessment and intervention responsibilities with supervisory consultation only in regularly scheduled sessions. Ultimately, interns become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consult to multidisciplinary teams independently, with supervisory assistance functioning mainly to confirm clinical decisions and encourage professional confidence.

MAJOR ROTATIONS

UTAH STATE HOSPITAL

Adult Services

SUPERVISING PSYCHOLOGIST: Melvin Sawyer, Ph.D.

ADULT CLINICAL PSYCHOLOGY

Description

The General Clinical Psychology Major Rotation offers training in and exposure to a broad range of clinical activities. The goal of the rotation is to prepare the intern to be qualified to provide competent psychological services in settings that require a broad range of skills.

The clinical experiences in general clinical psychology are designed to provide the intern with didactic and experiential training with at least two different populations (child, adolescent, adult, geriatric) and have opportunities to be exposed to neuropsychological and law-related case studies and didactic trainings. The general clinical psychology track offers opportunities to work with a wide range of diagnoses across severely and persistently mentally ill (SPMI) patients, such as Schizophrenic Spectrum Disorders, Mood Spectrum Disorders, Dual Diagnosis Disorders, Dementia Spectrum Disorders, SPMI patients with concomitant medical illness, SPMI patients with concomitant Axis II psychopathology, patients with Somatoform Disorders, and patients coping with the after-effects of trauma (e.g. PTSD).

Requirements of the General Clinical Psychology Rotation

ASSESSMENT: During the General Clinical Psychology rotation, training will focus on the continued development of assessment techniques. On average, interns completing a specific rotation will conduct a minimum of two intake interviews per week, as well as administering the Brief Psychiatric Rating Scale – Expanded Version (BPRS-E) to patients throughout the hospital to provide outcome data for the hospital's adult patients. The intern will also administer approximately one psychological assessment per week. Assessments will incorporate empirically validated measures, and will demonstrate adequate understanding of psychopathology, personality processes, medical issues, and socio-cultural factors and how they interact. The intern will learn to address a variety of referral questions typically encountered in adult inpatient psychological assessment, such as questions regarding a range of diagnoses, cognitive functioning, adaptive behavior, treatment recommendations, and prognosis.

PSYCHOTHERAPY/INTERVENTION: during the General Clinical Psychology rotation interns will maintain 1-2 patients in individual psychotherapy. In addition, they will facilitate or co-facilitate one or two structured psychotherapy groups. The intern will learn and demonstrate application of empirically supported treatments in their interventions.

CONSULTATION: Consultation is a primary activity on the General Clinical Psychology rotation. Consultations about patient clinical issues may be accomplished formally in a treatment team setting, or informally with the patient's psychiatrist, social worker, or family. The General Clinical Psychology staff may be asked to provide consultations regarding risk reduction (medication compliance, smoking cessation, and obesity) and Behavioral Support Plans for the purposes of treatment and discharge planning. During their rotations on units, the intern will attend at least one multidisciplinary treatment team meeting per week. The intern will learn the communication skills needed to work effectively with multidisciplinary treatment groups.

NEUROPSYCHOLOGY

DESCRIPTION

Training in Neuropsychology is intended to develop an initial model of brain-behavior relationships. Due to the complexity of information, specialized assessment procedures, and the need to learn a model of cognitive rehabilitation, interns who select neuropsychology will participate in a 6-month rotation in Pediatric Neuropsychology and a 6-month rotation in Adult Neuropsychology. At the same time, interns are expected to complete minor rotations in more general clinical psychology (e.g., pediatric psychology, adult clinical psychology, Forensic Psychology, group psychotherapy, etc.).

The Neuropsychology rotations are designed to give an intern a broad competence in selecting, administering, and interpreting the wide range of assessment measures employed in neuropsychology practice. Such competence includes knowledge of the reliability, validity, specificity, and sensitivity of measures with regard to specific populations or referral questions.

Beginning with supervisory role modeling and mentoring, the intern will gradually achieve independence in designing and delivering behavioral/cognitive/environmental interventions. During the Pediatric Neuropsychology rotation, interns will work with medical and residential staff to design treatment and management programs. In addition, interns will assist families in understanding the impact of individual differences upon relationships, modifying environments, and creating compensatory and remedial strategies. During the Adult Neuropsychology rotation, interns will work with the Geriatric Unit in providing dementia assessments, as well as facilitating interventions intended to remediate communication, perceptual, and reasoning disturbances due to a variety of brain dysfunction. In addition, interns will participate in the implementation of the computer-assisted cognitive rehabilitation program.

UTAH STATE HOSPITAL

Pediatric Services

SUPERVISING NEUROPSYCHOLOGIST: Nancy Louise Howes, Ph.D.

PEDIATRIC NEUROPSYCHOLOGY ROTATION DESCRIPTION

The PEDIATRIC NEUROPSYCHOLOGY ROTATION offers a broad range of training experiences including assessment, treatment, advocacy, consultation and clinical research, focused upon children with multiple developmental, mental health, and neuropsychological disorders. Conceptual objectives for the rotation mirror those of the internship as a whole. Interns serving on the rotation will:

- Become proficient with interview, observational, and quantitative assessment methods appropriate for the pediatric population
- Acquire interpretive and technical writing skills adequate to produce documents that are applicable in family, educational, forensic, and clinical settings.
- Observe, design, and implement evidence-based, problem-specific psychotherapeutic, behavioral, and cognitive rehabilitation interventions.
- Observe, design and provide family support, parent education, school transition assistance, community transition and cultural reintegration support within a Psychoeducational Extended-Family treatment model.
- Become familiar with the clinical applications of laws and ethical principles regarding children's rights, pediatric disability determination, child records protection, mandatory reporting, and pediatric commitment for care.
- Observe, prepare, and deliver consultations to multidisciplinary treatment teams regarding diagnosis, treatment design, and discharge planning for specific patients.
- Participate in pediatric clinical research including information searches regarding valid assessment procedures and treatment method outcomes for specific childhood problems, single-subject tracking of behavioral intervention efficacy, and data collection for the Pediatric Intensive Inpatient Outcome Project.

The PEDIATRIC NEUROPSYCHOLOGY MAJOR rotation consists of 25 hours per week of pediatric clinical training, supervision and direct treatment experience for six months, and the minor rotation is 15 hours per week for the same duration. The length of time on the rotation conforms to the average patient length of stay on pediatric units (5-7 months). A 6-month rotation gives the intern the maximum opportunity to provide all relevant services and track specific patients' progress throughout their entire course of treatment at USH, from admission to discharge and community reintegration. The rotation begins with a series of didactic training sessions concentrating on technical and empirical information, legal issues, assessment, and evidence-based treatment of childhood problems. Interns then begin shadowing supervisors to observe assessments, therapeutic interventions, parent education, and treatment team consultation. Gradually, interns assume responsibility for patient interventions and care, first under the observation and

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direction of the supervisor, and later, more independently. Interns meet with supervisors daily for case consultation and to receive verbal feedback on performance and work products. Formal rating and assessment of intern progress occurs quarterly.

UTAH STATE HOSPITAL

Adult Services

SUPERVISING NEUROPSYCHOLOGIST: Robert F. Sawicki, Ph.D.

ADULT NEUROPSYCHOLOGY ROTATION DESCRIPTION

The ADULT NEUROPSYCHOLOGY ROTATION offers a broad range of training experiences including assessment, cognitive rehabilitation, consultation and clinical research. This rotation is focused on adults with multiple etiologies contributing to brain dysfunction and/or psychiatric disorders. Conceptual objectives for the rotation mirror those of the internship as a whole. Interns serving on the rotation will:

- Become proficient with interview, observational, and assessment methods appropriate for neuropsychological differential diagnosis;
- Acquire interpretive and technical writing skills adequate to produce documents that are applicable in medical, forensic, and external agency settings (e.g., vocational rehabilitation);
- Acquire an introductory model of brain-behavior relationships that may be used to develop diagnostic hypotheses;
- Participate in the implementation of a computer-assisted cognitive rehabilitation program for persons with acquired brain injuries;
- Under the supervision of a neuropsychologist, teach the use of neuropsychological assessment procedures to graduate students completing practica;
- Observe, prepare, and deliver consultations to multidisciplinary treatment teams regarding diagnosis, intervention recommendation, and discharge planning for specific patients;
- Over time, take greater responsibility in acting as a liaison for clinical needs of the Geriatric Unit and other referring units (neuropsychology consultations);
- Participate in program evaluation for the computer-assisted cognitive rehabilitation program.

The ADULT NEUROPSYCHOLOGY MAJOR ROTATION consists of 25 hours per week of clinical training and supervision for six months, and the minor rotation is 15 hours per week for the same duration. A 6-month rotation gives the intern the maximum opportunity to acquire the relevant skills while participating in more general training experiences. The rotation begins with a mixture of didactic training and expected reading. Progress during the rotation is dependent on the intern's interest and the ability to demonstrate competence in the initial phases of assessment, interpretation, and report writing. Expected initial competencies include:

- Accurate test administration

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- Accurate scoring of all procedures
- The ability to gain and maintain rapport with diverse patients with variable levels of brain dysfunction.

Basic competencies must be mastered before training moves to more complex issues.

Supervisors are available to meet daily for case consultation and to provide verbal feedback on performance and work products. Formal supervisory sessions are scheduled. Formal rating and assessment of intern progress occurs quarterly.

**UTAH STATE HOSPITAL
FORENSIC UNIT
SUPERVISING PSYCHOLOGIST: Gerald Berge, Ph.D.**

FORENSIC PSYCHOLOGY

DESCRIPTION

The Forensic Unit is a 100 bed program charged with evaluation and treatment of inpatients committed by the Utah Criminal Justice System. Nearly all patients fall into one of the following admission categories:

- competence to stand trial evaluation;
- incompetent to stand trial commitment;
- guilty and mentally ill evaluation;
- guilty and mentally ill commitment;
- insanity or diminished capacity evaluation;
- not guilty by reason of insanity commitment;
- transfer from a correctional setting due to SPMI.

The focus of the program is rapid evaluation, stress management, and return to District Courts for adjudication or referral to other treatment facilities. The average length of stay is six months, though evaluation cases usually average only 4 - 8 weeks. Diagnostic cases range widely from chronic psychoses to severe personality disorders.

Therapy is provided through both individual and group modalities. Milieu therapy is also an integral part of unit structure. Some individual and group treatment is geared stress management and skills associated with criminal court appearances. Others are designed to relate to symptom management or remediation of various social and self-care deficits. Family therapy or couple's therapy is available, and family contacts are encouraged. Recreational, educational, vocational, and medical/dental services are readily available and allow the intern to interact with other treating disciplines.

Though the psychologist may coordinate evaluative services by independent psychological examiners and perform periodic re-evaluation services on assigned cases, the psychologist functions primarily in a consultative role. Interns have the opportunity to provide Individual Psychotherapy to bolster patient performance associated with courtroom participation and interaction with defense counsel. The intern is expected to participate

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as a co-therapist in competency skills group and to perform a minimum of one psychological assessment per month.

The psychologist and intern work within a multi-disciplinary team which consists of three psychiatrists, six social workers, two clinical nurses, and other attending staff. There are also several *personnel-in-training* assigned to the unit at any given time, including psychiatric residents or interns, social work students, and recreational personnel. There are regular opportunities to attend clinical staffing during which consulting Psychologists provide case consultations or training relevant to Forensic Psychology.

OBJECTIVES By the end of the rotation, the intern will have satisfied the following expectations:

- Articulate the different criteria associated with differing forensic classifications (such as Incompetent to stand trial, Guilty and mentally ill, Not guilty by reason of insanity).
- Become familiar with the manner by which common symptoms of major diagnostic categories can impact readiness for court participation.
- Enumerate the nine dimensions listed by the Utah Code relevant to Competency to Proceed.
- Become familiar with basic assessment techniques in detecting feigning.
- Prepare and present to the Forensic clinical staff at least one psychological report focusing upon an assigned forensic issue.
- Demonstrate experience in using various appropriate psychotherapeutic techniques and show how these may be adapted for use in a forensic setting.

MINOR ROTATIONS DESCRIPTIONS

Minor rotations are intended to offer interns opportunities to broaden general clinical experience. An intern may participate in one or two minor rotations concomitantly with one of the major rotations. Minor rotations incorporate a greater flexibility in terms of duration, time commitment and requirements than the major rotations. This format allows the flexibility to individually tailor the training experience to meet intern needs.

GROUP PSYCHOTHERAPY

The minor rotation in group psychotherapy is intended to provide interns with a graduated exposure to facilitating psychotherapy groups. Interns initially observe the supervisor performing group functions such as establishing ground rules, introducing new group members, encouraging peer interactions, providing feedback, etc. Over time, interns are encouraged to assume increasing levels of responsibility in performing these functions.

There are three separate group experiences available to interns.

- 4 months experience, 1 hour per week, with adult inpatients;
- 6 months experience, 1 hour per week, with adult forensic patients focusing on competency restoration;
- 12 months experience, 1.5 hours per week, with juvenile sexual offenders.

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GOAL

The goal of the group psychotherapy minor rotation is to familiarize interns with group treatment and to provide opportunities to experience some of the diverse forms that group treatment can take.

OBJECTIVES

- Interns will learn how to establish ground rules for various types of group treatment.
- Interns will learn the role of the group leader and the level of structure the leader needs to impose, based upon the specific type of group, the demographics of the patients served by the group, the time constraints of the group and other variables.
- Interns will learn to balance appropriate confrontations and interpretations with warmth, feedback, support and encouragement of peer interactions.
- Interns will have the opportunity to observe different mentors in differing group settings, and will begin to develop their own group therapy interaction styles.

SUPERVISION

The group psychotherapy minor rotation provides in vivo supervision of interns as they participate in the group process as co-facilitators with the psychologist group mentor(s). Typically this allows for role modeling while the group is occurring, followed by a processing session after the conclusion of the group.

FORENSIC

The forensic minor rotation is intended to provide interns with introductory experience with issues relevant to Forensic Psychology. The interns electing this minor rotation will have a brief experience addressing the issues and performing the functions outlined in the description of the Forensic Major Rotation. The reader is referred to the description of the Forensic Major Rotation for further information.

ACUTE TRIAGE

The acute triage minor rotation is unique to this internship setting. It involves work with patients in acute distress who are at USH to be stabilized; then transferred to necessary follow-up care in either the community or one of the hospital's in-patient units. The intern will learn rapid assessment and brief interventions.

GOAL

The goal of the acute triage minor rotation is to provide interns with experience in quickly assessing, treating and developing follow-up recommendations for psychiatric patients in acute distress.

OBJECTIVES

- Interns will develop skills in rapid assessment of acutely ill psychiatric patients.
- Interns will become familiar with resources available in the community and at the Utah State Hospital for disposition placements of acutely ill psychiatric patients.
- Interns will develop brief, targeted intervention skills to assist in the stabilization of acutely ill psychiatric patients.

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SUPERVISION

Supervision will take two forms: First, interns will have the opportunity to observe mentors performing the necessary clinical assessments and interventions. Second, interns will receive supervision as soon as possible after seeing a patient. This latter step is necessary to meet the goal of assessing and treating these patients as quickly as possible.

ADULT CLINICAL

The adult clinical minor rotation is intended to provide interns with exposure and experience to issues addressed in adult clinical inpatient settings. The interns electing this minor rotation will have a briefer experience addressing the issues and performing the functions outlined in the description of the Adult Clinical Major Rotation. The reader is referred to the description of the Adult Clinical Major Rotation for further information.

PEDIATRIC CLINICAL

The pediatric clinical minor rotation is intended to provide interns with exposure and experience to issues addressed in pediatric clinical inpatient settings. The interns electing this minor rotation will have a briefer experience addressing the issues and performing the functions outlined in the description of the Adult Clinical Major Rotation, with the exception of the duties being performed with children and adolescents. Naturally this minor rotation will include exposure to developmental variables affecting pediatric patients and the necessary accommodations clinicians must make to appropriately approach pediatric patients. The reader is referred to the description of the Adult Clinical Major Rotation for further information.

PEDIATRIC NEUROPSYCHOLOGY

The pediatric neuropsychology minor rotation is intended to provide interns with introductory exposure to the issues addressed in pediatric neuropsychology. The interns electing this minor rotation will have an overview the issues and functions outlined in the description of the Pediatric Neuropsychology Major Rotation. The reader is referred to the description of the Pediatric Neuropsychology Major Rotation for further information.

ADULT NEUROPSYCHOLOGY

The adult neuropsychology minor rotation is intended to provide interns with introductory exposure to the issues addressed in adult neuropsychology. The interns electing this minor rotation will have an overview of the issues and functions outlined in the description of the Adult Neuropsychology Major Rotation. The reader is referred to the description of the Adult Neuropsychology Major Rotation for further information.

HOSPITAL UNITS AVAILABLE FOR ROTATION

The **CHILDREN'S UNIT** serves 24 boys and girls, ages 6 to 13 years, and is located on the second floor of the Medical Services building. These children have experienced

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mental, emotional, and behavioral problems such as posttraumatic stress disorder, pervasive development disorder, attention deficit disorder, psychosis and/or a mood disorder.

The **ADOLESCENT UNIT** serves 48 male and female youth, ages 13 to 18 years, housed in the Beesley Youth Building and the **RAMPTON II** Building. In addition to the problems typically experienced by our younger patients, some of the youth may have a conduct disorder.

On both the **CHILDREN** and **ADOLESCENT UNITS** the individualized treatment approach is used to meet the needs of the patient and to utilize a broad spectrum of therapeutic modalities. Therapies include individual, group, family and play therapy, as well as therapeutic milieu. Specialized services include groups for anger management, emotion management, and recreational therapy. Participation in a wide variety of activities such as skiing, camping and river rafting, helps the youth to increase self-esteem, learn impulse control, and to learn needed social skills.

Family involvement is important in the development and progress of the children's and youth treatment programs. The Hospital involves families by conducting the Pediatric Services Family Program which includes family therapy, family support and advocacy. Home visitation by the patient is an integral part of the treatment process and regular family visits at the Hospital are encouraged.

RAMPTON I is comprised of four adult treatment units, respectively known as Northwest, Northeast, Southeast, and Southwest according to their location at the west end of the Lucy Beth Rampton Building. Each unit provides care for up to 32 patients. Each unit also utilizes several areas designed for patient comfort and pursuit of individual interests, including a large outdoor courtyard, a cooking area, a craft room, and day rooms containing televisions and stereos. These provide a bright and open atmosphere conducive to the goal of Adult Services of providing a safe and healing environment in which all people are treated with dignity and respect. The purpose of treatment is to assist patients to reach their potential, via individualized treatment, with an aim toward returning patients to the community. A high value is placed on meeting the needs of each patient in a humanistic, caring, and professional way.

RAMPTON II, the newly-opened (2003) east end of **THE LUCY BETH RAMPTON COMPLEX**, consists of the **LIFE HABILITATION UNIT**, the **GERIATRIC UNIT**, the **ACUTE RECOVERY TREATMENT CENTER**, and a **BOYS YOUTH UNIT**. The **LIFE HABILITATION UNIT**

(**LHU**) is a 32-bed, adult treatment unit housing both men and women. The focus of the unit is to clinically stabilize the patient and teach the necessary life skills to maintain a quality of life free from psychiatric hospitalization. We believe people will live up to or down to expectations of them. This simple philosophy is reflected in the patient's treatment plan, the unit's programming, and discharge planning. Patients are given clear expectations upon admission. When patients meet these expectations, they are given a pass that allows them to come and go from the unit on their own. The objective is to restore the responsibility for their well-being back to the patient, so that they will begin to set positive expectations for themselves.

The **GERIATRIC UNIT** serves 35 patients, both men and women. Individuals with dementia and chronic mental illness are extensively represented on this unit. This unit is also known as the **HOPE UNIT** since it is the goal of the program to offer hope to

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patients sixty-five years and older who require special understanding, care, and attention. While the Unit's goal is the same as that for all patients at the Utah State Hospital, that of returning them to the community, the geriatric treatment approach is highly individualized in recognition of the special needs and limitations posed by age and related physical problems. Patients with organic disorders are encouraged to do as much as possible for themselves, as are the chronically mentally ill. They are encouraged to take care of their own personal needs and remain active. The unit environment assists in accomplishing these goals by stimulating mental and physical activity. Patients without serious levels of dementia are extensively involved in group, family and individual therapy. There is a special emphasis on providing a large variety of small groups that encourage exercise and social skill development or retention.

The **ACUTE RECOVERY TREATMENT CENTER (ARTC)** is an acute unit serving rural mental health catchment areas of the state, many of whom do not have psychiatric beds readily available, and provides more intensive treatment with the goal of stabilizing and returning patients to community treatment. This unit typically serves less than eight patients at a time.

The **FORENSIC UNIT** is a maximum security, 100-bed unit located in the Southeast corner of the campus. This is a new facility (opened in September 1999) and is currently at three quarters occupancy. The unit serves both male and female forensic patients. Treatment includes a combination of pharmacotherapy; individual, group, and family psychotherapy; work opportunities; physical therapy; and occupational therapy. Patient input is encouraged at all levels of treatment to help teach individual responsibility and accountability. Patient self-government is an important part of the treatment on the **FORENSIC UNIT** by encouraging patients to become involved with those around them and by providing them with an opportunity to positively influence others. It is the goal of the **FORENSIC UNIT** to help prepare each patient to re-enter society as a productive, contributing member when they are released from the correctional system.

TRAINING SEMINARS, INTERN PRESENTATIONS

The psychology staff present seminars focused on case presentations, specialized assessment, intervention techniques, ethical issues, or research updates. Additionally, consulting psychologists from universities and other state and private agencies give presentations to the internship on cultural diversity issues, technological advances, and other topics directly impacting the practice of psychology. Interns are also encouraged to attend colloquia and continuing education activities sponsored by the hospital. Interns are also encouraged to attend at least one professional conference during the year, as approved by the training committee.

Two times during the year, each intern makes a presentation, to the psychology staff and other interns, of a case for which they are the primary evaluator or therapist, or

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both. Following the presentation, interns and psychology staff engage in discussions of case material. This experience provides the intern with exposure to a variety of strategies for case conceptualization and treatment, while preparing the intern for case discussions in a multidisciplinary team setting. Once during the year, each intern will give a research presentation detailing and explaining progress and/or results of their original research project.

Interns meet individually with the Director of Training for one-half hour during the last week of each month to discuss progress, supervision, training, and research needs.

FORMAL TRAINING EXPERIENCES AND SEMINARS

As a supplement to individual supervision, interns attend a series of conferences and seminars intended to broaden the range of their clinical experiences and the theoretical diversity to which they are exposed. The conference schedule may include the following training opportunities

Head Injury	Sexual Orientation Diversity
Learning Disabilities	Group Psychotherapy
Professional/Legal/Ethical Issues	
Cultural/Ethnic Diversity	Psychopharmacology
Gender Issues	Juvenile Legal Issues
Religious Diversity	Substance Abuse
Clinical Research Design	Case Law
Gerontology	Case Conferences
Anxiety Disorders	Forensic Competency Evaluations
Genetic Issues	Behavioral Medicine/Health Psychology

Speakers at seminars include USH psychology and psychiatry staff, renowned psychologists in the community, or local university professors. The seminars are designed to introduce interns to alternative orientations and approaches to clinical and counseling practice.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

RESEARCH

Participation in clinical research investigation is an integral part of the Utah State Hospital internship learning experience. Although the focus of the internship training is the development of applied skills, a primary value and goal of the training program and the hospital itself is the enhancement and extension of the clinical knowledge base as it pertains to individuals with severe and persistent mental illness. Staff-initiated research projects currently in progress include the Multifamily Group Outcome Study, the Schizophrenia Reassessment Project, and the Child Memory and Neuro-imaging Project. In addition to making a substantive contribution to one or more of the ongoing projects, interns are required to design, conduct, and write for publication an independent small-scale clinical research project involving a specific hospital sample or an existing database. Intern research projects require approval from the Rotation Supervisor, Director of Training, and the State of Utah Institutional Review Board. Preparation of a brief prospectus for submission to the Institutional Review Board is required within the first ten weeks of internship.

SUPERVISION

During each training period, each intern is assigned one or two clinical supervisors who provide at least two hours of scheduled face-to-face individual supervision per week and two hours of supervision in other settings. An additional supervisor may be appointed by the Director of Training if an intern encounters a case requiring specialized knowledge.

Members of other disciplines may function in an adjunct supervisory capacity for interns dealing with specialized issues such as medication response or medication side effects, behavior management, legal issues impacting patients, and so forth.

EVALUATION

During orientation activities in the first week of the internship, interns complete a self-assessment survey estimating their baseline skills in assessment, intervention, consultation, research, ethical and legal conduct, response to supervision, and making professional presentations. This self-evaluation is discussed by the intern and supervisor to help determine training needs and is then reviewed with the Director of Training. It is similar in format and content to the quarterly evaluations that will be completed by supervisors throughout the internship, and the intern's responses help to provide a point of comparison for assessing skill acquisition throughout the year. In addition to quarterly supervisor evaluations, the psychology staff will meet midway through the internship and at the end of training to describe and discuss each intern's progress. After this meeting, the Director of Training will provide a narrative report to each intern's doctoral program. At the end of the training experience, each intern will complete an outcome self-assessment measure.

Interns evaluate supervisors, and rotations quarterly. Evaluations are discussed with supervisors and returned to the Director of Training. Upon completion of the internship, interns complete a program survey evaluating the internship experience as a whole. The internship will also mail alumni survey forms to each intern for five successive years post-internship to give former interns an opportunity to report professional accomplishments, make suggestions, and evaluate the efficacy of the internship in preparing them for independent clinical practice.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

STATEMENT OF DIVERSITY

The Psychology Service of the Utah State Hospital recognizes and supports the strength of diversity within its staff. We provide equal opportunities for all qualified persons, and do not discriminate on the basis of race, ethnicity, religion, gender, sexual orientation, national origin, or age. Based upon our belief that individual differences enrich the scholarly and professional activities of psychology, we wish to encourage applicants with personally or culturally diverse backgrounds to apply.

INTERNSHIP STIPEND

Interns for the 2003-2004 internship year will be paid a salary of **\$18,000** for the year. The INTERN POSITION is classified as an INDEPENDENT CONTRACTOR. Although not in a benefited position, interns are able to take advantage of many opportunities that are available to hospital personnel, including use of on-campus recreational facilities, discount tickets, free vaccinations, credit union membership, travel discounts, computer training, free hospital parking, and access to counseling with the Employee Assistance Program.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

INTERNSHIP ACCREDITATION

Utah State Hospital's Psychology Pre-doctoral Internship Program in Clinical Psychology was approved by APPIC in October of 1997.

Utah State Hospital's Internship Program in Clinical Psychology received full, four-year APA accreditation dating from April, 2000. In 2005, the Internship Program in Clinical Psychology was re-accredited through 2009.

For information regarding the current status of Utah State Hospital's Psychology Pre-doctoral Internship Program in Clinical Psychology, or to make a comment or complaint, please contact:

Office of Program Consultation and Accreditation

750 First Street, NE
Washington, D.C. 20002

(202) 336-5979
FAX (202) 336-5978



UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

INTERNSHIP FACULTY

The Utah State Hospital has a large interdisciplinary staff. Psychiatrists and other physicians, social workers, nurses, recreational therapists, occupational therapists, administrative and support staff, as well as psychologists, all work closely together. Psychologists are valued members of the treatment units. There is a positive interdisciplinary, collegial relationship among members of the various disciplines.

Staff involved with the Pre-doctoral Internship Program in Clinical Psychology include:

PSYCHOLOGISTS

Gerald A. Berge, Ph.D.

Brigham Young University (1981), Clinical Psychology, APA Approved

Licensed Psychologist: Utah (1984 to present)

Current Position(s): Utah State Hospital, Staff Psychologist

Interests: Forensic Evaluations, Competency to Stand Trial, Malingering (psychosis and neuropsychological deficits), Dementia, Neuropsychological Screenings

Orientation: Cognitive/Behavioral

Alan J. Crist, Ph.D.

Auburn University (1995), Clinical Psychology, APA Approved

Licensed Psychologist: Utah

Current Positions(s):

Utah State Hospital, Staff Psychologist (1999-present)

Interests: Geriatrics, Neuropsychology, Rorschach Inkblot Method

Orientation: Cognitive/Behavioral

Nancy Louise Howes, Ph.D.

Brigham Young University (1997), Clinical Psychology, APA Approved

Licensed Psychologist: Utah

Current Positions(s):

Utah State Hospital, Pediatric Neuropsychologist (1999-present)

Interests: Neuropsychological Assessment of Youth and Children, Developmental Disabilities, Cognitive Rehabilitation, Health Psychology and Sex Offender Treatment.

Orientation: Behavioral, Neurocognitive Enhancement

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Frank M. Rees, Ph.D.

Brigham Young University (1987), Clinical Psychology, APA Approved

Licensed Psychologist: Utah

Current Position(s):

Utah State Hospital, Assistant Clinical Director (formerly Director – Department of Psychology)

Brigham Young University, Adjunct Professor – Department of Psychology (1996 – present)

Interests: Pediatric Psychology, Forensic Psychology, Psychopharmacology, Individual Psychotherapy, Group Psychotherapy, Psychological Assessment

Orientation: Cognitive-Behavioral, Psychodynamic

Melvin W. Sawyer, Ph.D.

Brigham Young University (1975), Educational Psychology

Licensed Psychologist: Utah (1985-present)

Current Position(s):

Utah State Hospital, Staff Psychologist (1988 - present)

Adjunct Professional, Department of Psychology, Brigham Young University (1995-present)

Interests: Assessment, Inpatient Treatment, Rehabilitation Psychology, Assertiveness Training/Anger Management, Group Therapy, Geriatric Assessment for Organicity and Treatment

Orientation: Cognitive/Humanistic

Robert F. Sawicki, Ph.D.

Kent State University (1983), Educational Psychology/Clinical Psychology

University of Nebraska (1984), Postdoctoral Fellowship in Neuropsychology

Devereux Foundation (1982), Internship in Clinical Psychology (APA Approved)

Licensed Psychologist: Utah (2001-present), Pennsylvania (1985)
(former) Indiana and Nebraska

Current Position(s):

Utah State Hospital, Neuropsychologist (2001 – present)

Interests: Neuropsychological examination and consultation, Rehabilitation of brain injury; Forensic Psychology

Orientation: Psychodynamic/Gestalt

Julie Wilson, Psy.D.

Florida Institute of Technology (1989), Clinical Psychology

Licensed Psychologist: Utah

Current Positions(s):

Utah State Hospital, Pediatric Psychologist (2003 – present)

Interests: Neuropsychological Assessment of Youth and Children, Developmental Disabilities, Cognitive Rehabilitation

Orientation: Cognitive-Behavioral

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

CONSULTING PSYCHOLOGISTS AT UTAH STATE HOSPITAL

Sally H. Barlow, Ph.D., ABPP

University of Utah (1978), Counseling Psychology, APA Approved
Brigham Young University (1985), Re-certification in Clinical Psychology, APA Approved
Licensed Psychologist: Utah (1980 – present)

Current Position(s):

Professor of Psychology, Brigham Young University (1998 - present)
Associate Director, Clinical Psychology Ph.D. Program, BYU (1997 - present)
Medical Staff, Utah Valley Regional Medical Center, Provo, UT (1985 - present)

Interest Areas: Group Psychotherapy, Psychotherapy Techniques with Personality Disorders, Gender and Diversity Issues

Orientation: Psychodynamic

Gary M. Burlingame, Ph.D.

University of Utah (1983), Counseling Psychology, APA Approved
Licensed Psychologist: Utah (1984 - present)

Current Position(s):

Professor of Psychology, Brigham Young University (1996 - present)
American Group Psychotherapy Association, Research Committee (1995 - present)
Member, Utah State Licensing Board (1994 - 1999)
Associate Editor (1996 - 2001), *Group Dynamics: Theory, Research and Application*.

Interest Areas: Group Psychotherapy Research and Practice, Measurement of Psychotherapy Outcome, and Research Design.

Orientation: Psychodynamic

CONTRIBUTING MENTAL HEALTH PROFESSIONALS AT UTAH STATE HOSPITAL

Isaac L. Thomas, MSW, LCSW

Brigham Young University (1987), Social Work
Licensed Clinical Social Worker, Utah (1996 - present)

Current Position(s):

Director of Quality Resource Management, Utah State Hospital; Provo, Utah

Interest Areas: Measurement of Treatment Outcome at the Utah State Hospital

Orientation: Humanistic

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Madhu Gundlapalli, M.D.

University of Connecticut Health Center (1997)

Licensed Physician: Utah and Connecticut

Current Position(s):

Psychiatrist, Utah State Hospital (1998- present)

Interest Areas: Neurological and Health concerns of the Mentally Ill

Orientation: Physiological

